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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/618350-Conf. #6687
	Filing Date	July 11, 2003
	First Named Inventor	John K. CINI
	Art Unit	1646
	Examiner Name	R. Li
Total Number of Pages in This Submission	Attorney Docket Number	MXI-285

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO form SB/08; Copy of Two (2) References; Certificate of Mailing; Return Receipt Postcard
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Maria Laccotripe Zacharakis, Ph.D., J.D.		
Date	October 16, 2006	Reg. No.	56,266

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
Dated: October 16, 2006	Signature: (Maria Laccotripe Zacharakis, Ph.D., J.D.)



Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/618350-Conf. #6687
TOTAL AMOUNT OF PAYMENT (\$) 180.00		Filing Date	July 11, 2003
		First Named Inventor	John K. CINI
		Examiner Name	R. Li
		Art Unit	1646
		Attorney Docket No.	MXI-285

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
							Small Entity Fee (\$)
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims - = Extra Claims x Fee (\$) = Fee Paid (\$)							
Indep. Claims - = Extra Claims x Fee (\$) = Fee Paid (\$)							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =	/50	(round up to a whole number) x	=				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement							180.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	56,266
Name (Print/Type)	Maria Laccotripe Zacharakis, Ph.D., J.D.	Telephone	(617) 227-7400
		Date	October 16, 2006

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Dated: October 16, 2006

Signature: 

(Maria Laccotripe Zacharakis, Ph.D., J.D.)

Docket No.: MXI-285
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

More Patent Application of:
John K. Cini *et al.*

Application No.: 10/618350

Confirmation No.: 6687

Filed: July 11, 2003

Art Unit: 1646

For: **METHODS AND COMPOSITIONS FOR
PREVENTING OXIDATIVE
DEGRADATION OF PROTEINS**

Examiner: R. Li

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT (SIDS)

Dear Sir:

In accordance with 37 CFR 1.97, Applicants hereby make of record Reference C1. Additionally, in accordance with 37 CFR 1.98(a)(3)(ii), Applicants submit a written English language translation of Reference C1. A PTO Form SB/08 and full copies of these documents accompany this statement in accordance with 37 CFR 1.98(a)(2).

This Information Disclosure Statement is filed more than three months after the U.S. filing date, and after the mailing date of the first Office Action on the merits, but before the mailing date of a Final Office Action or Notice of Allowance (37 CFR 1.97(c)).

This statement is not to be interpreted as a representation that the cited documents are material, that an exhaustive search has been conducted, or that no other relevant information exists. Nor shall the citation of any document herein be construed *per se* as a representation that such document is prior art. Moreover, Applicants understand the Examiner will make an independent evaluation of the cited documents.

Please charge our Deposit Account No. 12-0080 in the amount of \$180.00 covering the fee set forth in 37 CFR 1.17(p). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 12-0080, under Order No. MXI-285.

Dated: October 16, 2006

MLZ/JGS/mch

Respectfully submitted,

By 

Maria Laccotripe Zacharakis, Ph.D., J.D.

Registration No.: 56,266

LAHIVE & COCKFIELD, LLP

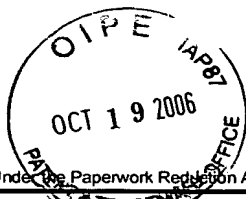
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PTO/SB/08a/b (07-05)
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				Complete if Known	
				Application Number	10/618350-Conf. #6687
				Filing Date	July 11, 2003
				First Named Inventor	John K. CINI
				Art Unit	1646
				Examiner Name	R. Li
Sheet	1	of	1	Attorney Docket Number	MXI-285

U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No. ¹	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code ² (if known)			

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³ -Number ⁴ -Kind Code ⁵ (if known)				

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	C1	Yaping, Gu et al, "Effects of Hydroxyl Radical on Sulfhydryl Groups and Enzyme Activity of Cardiac myosin," <i>Journal of Nantong Medical College</i> , Vol. 17(2):152-154 (1997); English Abstract	
	C2	English Translation of Yaping, Gu et al, "Effects of Hydroxyl Radical on Sulfhydryl Groups and Enzyme Activity of Cardiac myosin," <i>Journal of Nantong Medical College</i> , Vol. 17(2):152-154 (1997)	

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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Examiner Signature		Date Considered	
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Application No. (if known): 10/618350

Attorney Docket No.: MXI-285

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Maria Laccotripe Zacharakis, Ph.D., J.D.

Typed or printed name of person signing Certificate

56,266
Registration Number, if applicable

(617) 227-7400
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal (1 page)
Fee Transmittal (1 page, in duplicate)
Supplemental Information Disclosure Statement (2 pages)
PTO form SB/08 (2 References) (1 page)
Copy of Two (2) References
This Certificate of Mailing (1 page)
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